

## Packaging & Shipping Course Registration Form 2004

Please Print All Requested Information:

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Affiliation Name:** \_\_\_\_\_

**Affiliation Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Work Phone No.:** (\_\_\_\_) \_\_\_\_\_ **Fax No.:** (\_\_\_\_) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Course Date:** \_\_\_\_\_ **Location/ Town:** State Laboratory Institute/Jamaica Plain, MA

Fax or mail to: Garry R. Greer, State Laboratory Training Coordinator  
State Laboratory Institute, 305 South Street, Boston, MA 02130  
**Fax: 617-983-6887**

For questions concerning course content please call Phyllis M. Madigan at 617-983-6656  
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